Introduction to Special Section on Centenarians and Dementia

I am pleased to introduce this special section on centenarians and dementia. These articles were submitted as a group and are based on a symposium presented by the authors at the Annual Meeting of The Gerontological Society of America in November 1997. The three papers provide critical and diverse insights into this important topic. Because the oldest old are the fastest growing portion of the population in most industrialized and even some nonindustrialized nations, the importance of understanding the oldest old is clear. These articles focus on centenarians but vary considerably in both size and representativeness of this special population. Currently, it is very difficult to find large numbers of people who have survived to be centenarians whether the population base is a large metropolitan area such as Boston or even a larger but regional geographical area such as Georgia. Given these limitations, the data these three articles represent are especially unique. The authors use the data to examine the basis of dementia, a question that is likely to become increasingly important in the years to come as the number of elderly people in general, as well as the number of centenarians specifically, significantly increases. Some authors conclude that the probability of dementia increases significantly and linearly with age whereas others suggest a different pattern of occurrence indicating that dementia may develop in a linear fashion up until the achievement of late old age (i.e., 100 years). These authors suggest that survival to age 100 marks the beginning of a crossover effect, making the probability of dementia less likely and less predictable. Because the availability of children as support providers decreases as one achieves centenarian status and caregiving of people with dementia is very difficult, these findings have important clinical, policy, and service implications. Centenarians will have survived many of their children or will have children who are, themselves, 80 years old and likely to have their own significant health problems or functional limitations. Silver, Jilinskaia, and Perls (2001) report on 43 confirmed centenarians who are part of the New England Centenarian Study. The authors find a prevalence range of dementia at about two thirds, with one third of this population assessed as having no or very mild dementia. Hagberg, Alfredson, Poon, and Homma (2001) examined between 100 and 200 centenarians in each of three countries: Japan, Sweden, and the United States. They report a dementia prevalence rate between 40% and 63%. Hagberg and colleagues concur with the assumption of increased cognitive differentiation with age and report similar results across the three countries. Andersen-Ranberg, Vasegaard, and Jeune (2001), using a population-based survey of all persons living in Denmark during a specified 1-year period (approximately 276 people), found that 50% of their sample could be described as mildly to severely demented.

Clearly there is much gerontologists still do not know about the relationship between dementia and age. Thus far, researchers have been limited by studies with quite small numbers. However, the number of centenarians will increase significantly in the next decades. This fact is foreshadowed by the demographics already existing in China. Although not represented in this special section, I have recently become aware of an ongoing multiwave, longitudinal study of centenarians in China that includes over 2000 centenarians as well as another 3,000 80-year-olds and 3,000 90-year-olds. This study only included 50% of the counties in 22 provinces of Mainland China. Such figures make it incredibly clear that the number of centenarians alive in this century is increasing exponentially. We, as gerontologists, need to understand this unique group of people and be prepared to meet their needs. It is the goal of this special section to contribute both to the recognition and description of this very unique population of older people.

Toni C. Antonucci, PhD
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REFERENCES